ProcessWorks, Inc.
P.O. Box 2490
Brookfield, WI 53008-2490
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ProcessWorks INC.™
the right source to out source™

City of Milwaukee

Flexible Choices Parking Program
2008 Plan Year

Mail Completed Form to Address Below:

City of Milwaukee
Dept of Employee Relations
200 E Wells St., CH706
Milwaukee, WI 53202

Directions: Employee - Complete Sections 1, 2 and 3 and also write in "Plan Year" above if not shown.
Employer - Check appropriate "Type" box to the right & complete Section 4
Please call Employee Benefits at 286-3184 if you have any questions

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1   Employee Information

Social Security Number	E-mail Address	City Start Date	Employee ID Number (6 digits)

Employee Name (Last Name, First Name, Middle Initial)	Home Phone	Work Phone

Employee Address (Street, Apt. #)

Employee Address (City, State, Zip Code)

City of Milwaukee Department

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2   Parking Benefit Election

☐ I hereby elect to participate in the Parking Benefit Plan offered by my Employer, thereby paying my Parking expenses with before-tax dollars. I hereby authorize my Employer to reduce my income subject to taxes in the total amount stated below for the above Plan Year.

Out-of-Pocket Parking Expenses
(Parking Related Expenses only)
$2,000 annual maximum/$166.67 per month.

$ _____ ÷ _____ = $ _____
    Annual Election Amt   No. of Paychecks Remaining   Amount Per Paycheck

☐ I hereby elect to terminate my participation in the
Parking Benefit Plan offered by my Employer effective: _____

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3   Signature and Acknowledgement

This agreement will remain in effect at a minimum of the current month, and at a maximum until the end of the Plan Year, or until such time as I notify my Employer that I wish to make a change in my pre-tax deduction. By affixing my signature below, I certify that I have examined the Parking benefit Plan Information and I understand and agree to comply with the terms of the Plan.

Employee Signature _____ Date _____ / _____ / _____

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4   Employer's Use Only

Category	First Payroll Date	Last Payroll Date	YTD Deductions	
Parking	____ / ____ / ____	____ / ____ / ____	$ _____	First Payroll Date applies if making a *new* election. Last Payroll Date and YTD Deductions apply if changing an *old* election or termination.

New Hire Effective Date
(new employees only) _____

Authorized Signature _____ Date _____ / _____ / _____

Do Not mail this form directly to ProcessWorks, Inc. **Mail** the form to the Department of Employee Relations, CH706, Attn: FSA Parking

Flex - 0010   Rev. 09/06